U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 880	3	*	2. Fiscal Year Covered From:			
			Jan / 01 / 2004 Through: Dec/31 / 2004			
3. Name and address of persor	n filing.		4. Name, file number, and address of labor organization.			
Name Frank Barger			Name Teamsters Local Union #722 Labor Organization File Number 033333			
P.O. Box, Bldg., Room No., if	any		P.O. Box, Building and Room Number, if any			
Street 507 - 4th	Ave.	· ·.	Street 344 N. 30th Rd.			
City Sterling		.	City LaSalle			
State IL	ZIP Code + 4	61081	State IL ZIP Code +4 61301			
5. Position in labor organization.	Secretary-Tr	easurer				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
	7.ib. Amounit.					
Street	None.					
City						
State ZIP Code + 4						

Signature

15. Signature and verification. The undersigned declares, under penalty of	Perjury an	id other applicable pe	nalties of the	law, that all of th	e informat	don						
submitted in this report (including the information contained in any accompany	ing docum	ients), has been exam	ined by the	signatory and is, (o the best	of the						
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)												
Signed Tunk Barner												
Signed IANA BULARA	On	8-10-05	(815)	224-2670	ext.	20						

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received.

ZIP Code + 4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Mr. Ridge paid for dinner in May 2004 Name James Ridge. Trade Name, if any: James Ridge & Associates P.O. Box, Bldg., Room No., if any Street 101 N. Wacker Dr., Suite 200 City Chicago State ZIP Code + 4 60606 IL 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant \$92.00 Workman Compensation Attorney

12.b. Amount.

State